NZVNA MEMBERSHIP APPLICATION FORM

TITLE: DR / MRS / MISS / MS / MR **(PLEASE CIRCLE)**

FULL NAME: _____

MAILING ADDRESS _____

_____ **POST CODE** _____

TELEPHONE: _____ **MOBILE:**_____

EMAIL: _____

(Membership is for one year and will fall due 12 months from joining.)

ANNUAL MEMBERSHIP FEES: - Overseas Residents

Australia/South Pacific: NZ$90 **Rest of World: NZ$140**

VETERINARY NURSING QUALIFICATION _____

YEAR GAINED _____

NAME AND ADDRESS OF CURRENT PRACTICE: _____

_____

_____

_____

TELEPHONE NUMBER _____ FAX NUMBER : _____

Payment may be made by cheque, direct credit or credit card

Visa ☐ MasterCard ☐ Amount due_____ Cardholder _____ Expiry Date_____

Card number

Bank account: - Westpac New Zealand Veterinary Nursing Association Account number: 030525-0246206-00

Direct credit payment date: ____ /____/____ **Please include your name in the transaction details.**

I enclose cheque for $ _____ Date: ____ /____/____ (Please make cheques payable to NZVNA)

Members may be contacted by email about matters of importance including employment opportunities.

Please indicate your willingness to receive information from the NZVNA by ticking the boxes

All information ☐ Employment Opportunities ☐ Continuing Education ☐

Please return this completed form with your payment to:

NZVNA MEMBERSHIP SECRETARY
P O Box 1314
PALMERSTON NORTH 4440

Phone/Fax (home): 06-358-6448
E-mail: vetnurse@ihug co.nz

Office Use Only!							
Letter		Receipt no.		Database		Qualification	
Membership no		Direct credit		File card		Badge purchase	
Date joined		Credit card authorisation number				SciQ information	
Renewal month		Username:		Password:			